

**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**

State Form 4606 (R13/11-05)

Indiana Election Commission (IC 3-9-5-14)

**(CFA-4)
Summary Sheet****FILE NUMBER**

6635

TOTAL PAGES IN ENTIRE CFA-4 REPORT

2

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? ☐ Yes ☒ No**COMMITTEE INFORMATION**1. Full name of committee (as on Statement of Organization) ☐ Check if this is a new name
Hall, Render, Killian, Heath & Lyman, P.C. Political Action Committee, LLC2. Acronym or abbreviated name, if any
HRKHL C-PAC3. Committee telephone number
(317) 633-48844. Mailing address (address where all campaign finance correspondence is received) ☐ Check if this is a new address
ONE AMERICAN SQUARE, SUITE 2000, BOX 82065. City, state, ZIP code
INDIANAPOLIS IN 46282

6. Party affiliation (if applicable)

CANDIDATE INFORMATION (For Candidate's Committee Only)

7. Full name of candidate (include any nickname)

8. Party affiliation or if independent

9. Office sought (include district number, if any. **Not required for exploratory committee.**)

10. County of residence

TYPE OF REPORT11.
Annual**CONVENTION CANDIDATES ONLY**12. Check one:
☐ Pre-Convention
☐ Post-Convention12. Reporting period:
From: 10/11/2014 Through: 12/31/2014**COLUMN A
This Period****COLUMN B
Year to Date**

13. Cash on hand and investments at the beginning of this reporting period.

60.00

14. Cash on hand and investments January 1, current year.

0.00

CONTRIBUTIONS AND RECEIPTS

(Note: These amounts include in-kind contributions and loans, as well as cash contributions.)

15a. Itemized (use Schedule A)

0.00

8,224.00

15b. Unitemized

0.00

0.00

15c. Add lines 15a, and 15b in both columns

SUBTOTAL

0.00

8,224.00

16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B

TOTAL

60.00

8,224.00

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

17a. Itemized (use Schedule B) (Public Question: use Schedule C)

36.00

8,200.00

17b. Unitemized

0.00

0.00

17c. Add lines 17a and 17b in both columns

SUBTOTAL

36.00

8,200.00

18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)

TOTAL

24.00

24.00

19. Debts OWED BY the committee (use Schedule D)

0.00

20. Debts OWED TO the committee (use Schedule E)

0.00

CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature of Treasurer

Signature Included

Title

Treasurer

Date

01/12/2015

Signature of Candidate (if applicable)

Signature Included

Date

01/12/2015

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose.
(IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D Felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B Misdemeanor (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, 3-9-4-18.)

FOR OFFICE USE ONLYFiled: Online
1/12/15 10:13 am**FILED**

JAN 13 2015

Myra A. Eldredge

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**(CFA-4 SCHEDULE B)
Itemized Expenditures**

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities **OVER \$100** per recipient, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) **MUST** be itemized on this schedule.

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RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
	OFFICE SOUGHT (if applicable)				
Code: Operations 1 National Bank of Indianapolis 107 N. Pennsylvania Street Indianapolis IN 46204		Direct Purpose:	12.00	164.00	10/31/2014
Code: Operations 2 National Bank of Indianapolis 107 N. Pennsylvania Street Indianapolis IN 46204		Direct Purpose:	12.00	176.00	11/30/2014
Code: Operations 3 National Bank of Indianapolis 107 N. Pennsylvania Street Indianapolis IN 46204		Direct Purpose:	12.00	188.00	12/31/2014
SUB TOTAL THIS PAGE OF SCHEDULE B			\$ 36.00		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$ 36.00		